

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

PACE SERVICES

XXX The State of VIRGINIA has not entered into any valid program agreements with a PACE provider and the Secretary of the Department of Health and Human Services.

_____ The State of _____ has entered into any valid program agreement(s) with a PACE provider(s) and the Secretary, as follows:

Name of PACE provider: _____

Service area: _____

Maximum number of individuals to be enrolled: _____

(This information should be provided for all PACE providers with which the State Administering Agency for PACE and the Secretary have entered into valid program agreements.)

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Supersedes	
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